

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024824
State File No.

FILED JUL 31 1958

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 21, 10 Registrar's No. 396

1. PLACE OF DEATH a. COUNTY <u>Capitoline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Capitoline</u>		c. LENGTH OF STAY (in this place) <u>1 hour</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Tamfelt</u>		d. STREET ADDRESS (If rural, give location) <u>1006</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHNNIE</u> b. (Middle) <u>BELL</u> c. (Last) <u>CERNEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 11, 1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 9, 1885</u>
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher Clerk</u>	11. BIRTHPLACE (State or foreign country) <u>Tullon, Kentucky</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Education Trade</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thos. M. Cutcherson</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Walker</u>	
13c. NAME OF HUSBAND OR WIFE <u>Anthony Cerney</u>		14. NAME OF HUSBAND OR WIFE <u>Anthony Cerney</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Anthony Cerney</u>		ADDRESS <u>Tamfelt, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>10 July, 1958</u> , to <u>11 July, 1958</u> , that I last saw the deceased alive on <u>11 July, 1958</u> , and that death occurred at <u>5:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Hugh V. Adley, M.D.</u>		23b. ADDRESS <u>Capitoline, Mo</u>	
23c. DATE SIGNED <u>14 July 58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7-13-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rightman Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Illmo, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Biglinghoff</u>	
DATE REC'D BY LOCAL REG. <u>July 21, 1958</u>		REGISTRAR'S SIGNATURE <u>Mrs. Helen Cooper</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Biglinghoff</u>		ADDRESS <u>Illmo, Mo</u>	

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Oliver P. Amick

Licensed Embalmer No. 4470

P. O. Address Illmo, Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.